



PRE-INSPECTION PREPARATION - ATTACHMENT A

AFH AND LICENSEE NAME		LICENSE NUMBER
INSPECTION DATE	LICENSOR NAME	
INSPECTION TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-up <input type="checkbox"/> Monitoring		
<div><div><p>1. <u>Review</u></p><ul style="list-style-type: none">• Licensee file for significant themes• Past or current complaint inspections• Current state contract - if applicable• Past SOD's & uncorrected deficiencies</div><div><p>2. <u>Copy and review</u></p><ul style="list-style-type: none">• Resident & Staff list from last inspection• Licensed room list and floor plan• Map or driving directions</div><div><p>3. <u>Confer re: concerns about home: (below)</u></p><ul style="list-style-type: none">• Complaint nurse, former licensor• Case managers: HCS, DDD• Ombudsman</div><div><p>4. <u>Assemble field forms needed:</u></p><ul style="list-style-type: none">• Resident List• Tour Inspection• Interview Form(s)• Records Request• Resident Review• Staff Review</div></div>		
CASE MANAGER DDD/HCS		CONTACT DATE
COMMENTS/CONCERNS		
OMBUDSMAN		CONTACT DATE
COMMENTS/CONCERNS		
OTHER OUTSIDE AGENCY		CONTACT DATE
COMMENTS/CONCERNS		
NOTES		